

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3420

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>90</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5014 Tennessee</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5014 Tennessee</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) _____		c. (Last) <b>Woeger</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 3 49</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 19 1883</b>	
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Officer Metropolitan Police</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Hockstetter</b>		14. NAME OF HUSBAND OR WIFE <b>Anna</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Woeger</b>		ADDRESS <b>5014 Tennessee</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Hypertension and nephritis - Chy</b> DUE TO (c) <b>Mild Diabetes</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <b>March</b> , 19 <b>41</b> , to <b>Jan 3</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Jan 3</b> , 19 <b>49</b> , and that death occurred at <b>11:40 P.M.</b> , from the causes and on the date stated above.		23a. SIGNATURE <b>Edmund M. O'Neil</b> (Degree or title) _____	
23b. ADDRESS <b>5417 N. Grand Blvd</b>		23c. DATE SIGNED <b>1-4-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 7/49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>		DATE REC'D BY LOCAL REG. <b>JAN 5 1949</b>		REGISTERAR'S SIGNATURE <b>J. B. Foster</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Shamacher</b>		ADDRESS <b>3013 Meserve</b>		3013 Meserve		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

R.O.M.D.  
5417 S.L.

Mr.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Jack Haupt*

Student Embalmer No. \_\_\_\_\_

*231*

working under my personal supervision.

Signed \_\_\_\_\_

*Francis Williamson*

Signed... *Jack Haupt* .....

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3565*

P. O. Address \_\_\_\_\_

*St. Louis, Mo*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.